BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09734270

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			(Oolalliii	. ' /	10014		ľ	RATE	FEE		RATE	FEE
FOR			All MADED EVI ED		AU IMPED EVEDA		•	BASIC FEE	355.00			710.00
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			<i>3</i> 0 minus 20=		. 10			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			2 mii	nus 3 =				X40=		OR	X80=	\
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2	•	TOTAL		OR	TOTAL	890
	С	LAIMS AS A	MENDED - PART II							•	OTHER THAN	
		(Column 1)		(Column 2)		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=	-	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	
							Ļ	+135= TOTAL			TOTAL	
		,	ADDIT. FEE		JOI 1	ADDIT. FEE						
_		(Column 1) CLAIMS	/1	HIGH	mn 2) HEST	(Column 3)	1 r		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ∤				070	
								+135=		OR	+270=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ΣQΣ	Total	*	Minus	**		=		X\$ 9=	_	OR	X\$18=	
ME	Independent	•	Minus	***		=]	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE												
		mber Previously Pa nber Previously Pa					er fou	nd in the app	oropriate box	in co	lumn 1.	